

ACUTE CARE WARD
STANDARD OPERATING PROCEDURES
500 BED FLEET HOSPITAL

TABLE OF CONTENTS

| <u>TOPIC</u> | <u>PAGE</u> |
|-----------------------------------|-------------|
| A. MISSION | 3 |
| B. FUNCTIONS | 3 |
| C. PHYSICAL DESCRIPTION | 3 |
| D. SPEICAL CONSIDERATIONS | 4 |
| E. WORKLOAD | 5 |
| F. ORGINIZATIONS | 5 |
| G. JOB DESCRIPTIONS | 6 |
| H. RESPONSE TO DEPLOYABLE HAZARDS | 13 |
| I. ENEMY PRISIONERS OF WAR | 15 |

500 BED FLEET HOSPITAL
STANDARD OPERATING PROCEDURES
ACUTE CARD WARDS

A. MISSION: To provide medical/surgical nursing care to patients who have sustained injury in the combat environment. For the purpose of a "Humanitarian Mission" pediatric dose medication will not be stocked in the hospital. Doses will be prepared from in stock drugs (1) by Pharmacy when practical; (2) in all other instances, nurses will be responsible for calculating, preparing, and providing the most convenient method of medication administration.

B. FUNCTIONS:

1. Provide full-range of basic nursing care and treatment
2. Support general well-being of patients (psycho,social, spiritual, physiological needs).
3. Provide nursing care during emergencies.

C. PHYSICAL DESCRIPTION:

1. Acute Care Ward.

(a) Location within complex:

(b) Sheltering.

Type:

Temper Tent.

Quantity:

One to fourteen, 11
section wings.

(c) Material.

IOL:

A10B-E, A11B-E, A12B-E,
A13B-E, A14B-E, AX1B-E,
AX1P, AX2B-E, AX3B-E,
AX4B-E, AX5B-E, AX6B-E,
AX6B-E, AX7B-E, AX8B-E,
AX9B-E.

2. Clinical Work Space.

(a) Location within complex:

(b) Sheltering.

Type: Expandable, Hardwall
Shelter.

Quantity: One 1:1 ISO Shelter.

(c) Material:

IOL: A10B-E, A11B-E, A12B-E,
A13B-E, A14B-E, AX1B-E,
AXIP, AX2B-E, AX3B-E,
AX4B-E, AX5B-E, AX6B-E,
AX6B-E, AX7B-E, AX8B-E,
AX9B-E.

D. SPECIAL CONSIDERATIONS:

1. Each ward is self-sufficient and the same in design and equipment.

Each unit is equipped with emergency equipment to support cardio-pulmonary resuscitation: (anesthesia endotracheal sets, defibrillator life pack, and suction.)

2. The more critical patients should be placed closest to the nursing station on each ward.

3. Ward One will be used as a step down unit from the intensive care unit. The more critical patients will be admitted.

4. Ward Fourteen will have 15 beds reserved for neuropsychiatry admissions. A psychiatric nurse and N-P techs will staff these beds.

5. Ward Five will be used as a holding area for expectant patients admitted from Casualty Receiving Area. A curtain will partition these patients from other ward patients.

6. There is no ward specifically designated for isolation. Generally, sections of wards away from central area can be partitioned off to promote isolation. If the census shows a large number of isolation cases, the Commanding Officer may specifically designate an isolation ward.

E. WORKLOAD:

1. There are 14 wards each with 30 beds = total of 420 bed capacity.
2. Average daily admissions.
 - (a) Steady state - 80 admissions/day to hospital, 56 admissions to wards.
 - (b) Peak state - 120 admissions/day to hospital, 84 admissions to wards.

Note: In steady state, 70 percent of all hospital admissions (n=56) are to the wards. However, 60 percent of the patients (n=34) are admitted indirectly after going to the operating room and ICU/recovery room. The remaining 40 percent of the patients (n=22) are admitted directly from Casualty Receiving area.

3. Ratio of medical to surgical patients.
 - (a) 2/3 patients are surgical cases.
 - (b) 1/3 patients are medical cases.
4. Average length of stay = 4 days.

F. ORGANIZATION:

1. Responsibility. The Ward Medical Officer, who is responsible for the medical care of patients, reports to the Head, In-Patient Medicine. The Charge Nurse, who is responsible for the day-to-day operations in the area, reports to the Patient Care Coordinator and the Ward Medical Officer.

2. Organization chart.

Head, In-Patient Medicine

Ward Medical Officer

Patient Care Coordinator

Charge Nurse

Staff Nurses

Senior Corpsman

G. JOB DESCRIPTION:

WARD MEDICAL OFFICER

The Ward Medical Officer is responsible for an Acute Care Ward. He reports to the Head, Medical Department.

DUTIES INCLUDE:

1. Set policies and procedures for the medical care given on the Acute Care Ward.
2. Orient medical officers to Acute Care Ward.
3. Receive report from medical officer on previous watch and make brief patient rounds prior to assuming the watch.
4. Perform an admission history and physical exam on each patient admitted directly to the ward. Record information on SF 539.
5. Completely evaluate each patient admitted or transferred to ward.
6. Write doctor's orders on SF 508. Co-sign all verbal orders within 24 hours.
7. Write daily progress notes on patient's chart.
8. Make rounds with nursing staff to examine and re evaluate all patients.
9. Review all laboratory data, x-rays, and other diagnostic tests.
10. Review all medications and renew antibiotics, narcotics and other controlled drugs IAW Pharmacy policies.
11. Sign S.I. and V.S.I. chits. Pronounce patients at time of death and write death note.
12. Write transfer or discharge notes on all patients leaving the ward.
13. Contribute to personnel performance evaluations.
14. Participate in an orientation and training program.

15. On night watch, cover two acute care wards.

QUALIFICATIONS:

1. Designator 2100/2105 Physician.
2. Advance Cardiac Life Support (ACLS) certification recommended.

CHARGE NURSE:

The Charge Nurse is responsible for the management of nursing personnel and nursing care on Acute Care Wards and reports to Patient Care Coordinator and ward Medical Officer.

DUTIES INCLUDE:

1. Assess, plan, implement, and evaluate patient care IAW standards for nursing practice.
2. Assign duties to professional and ancillary staff members.
3. Supervise and evaluate individual work performance in terms of patient care, staff relations, and efficiency of service. Prepare formal, written evaluations when required.
4. Coordinate patient care with other departments and services within the hospital. Promote good interpersonal and interdepartmental relationships.
5. Promote staff development through inservice classes and cross training. Counsel personnel with deficits, identifying capabilities and training needs.
6. Ensure that established policies, procedures, and routines are current and available in the nursing ward standard operating procedure manual.
7. Participate in patient care performing the following tasks:
 - a. Medications.
 - b. Parenteral drug/blood product administration (Level III Certified).
 - c. Nasogastric tube insertion and irrigation.
 - d. Urinary catheterization.
 - e. Oxygen administration.
 - f. Other emergency treatment measures.
8. Report all pertinent information to the Patient Care

Coordinator and ward Medical Officer.

9. Evaluate patients by observing, recognizing, recording, and reporting changes in patients' conditions, subjective and objective symptoms, reaction to medications, and response to therapy.
10. Prepare patients for surgery. Obtain written consent for surgery and anesthesia on SF 522. Verify items on surgical check list were completed and are recorded.
11. Review lab, x-ray, and other diagnostic test results on patients.
12. Ensure that proper documentation is done on patients. Doctor's orders are signed by Medical Officer within 24 hours or before patient is transferred.
13. Maintain a clean, safe, and orderly environment. Ensure that field beds are cleaned after patient discharge.
14. Prepare watch schedules for personnel as directed, using staff policy for the hospital.
15. Comply with established inventory procedures to account for narcotics, controlled drugs, and other dangerous substances.

QUALIFICATIONS:

1. Designator 2900/2905, Medical Surgical Nurse Subspecialty Code 1910.
2. Advanced Cardiac Life Support (ACLS) certification.
3. Level III Certification for administering parenteral fluids and blood products IAW NAVMEDCOMINST 6550.3.

STAFF NURSE:

The Staff Nurse performs nursing duties as a team leader on an Acute Care Ward. The Staff Nurse is supervised by the charge nurse on the ward. The staff nurse is responsible for supervising corpsman on team.

DUTIES INCLUDE:

1. Coordinate the nursing process; assess, plan, implement, and evaluate nursing care IAW nursing standards of practice.
2. Provide nursing care to patients as a member of a treatment team. Specifically the staff nurse will:
 - a. Obtain vital signs.

- b. Obtain preliminary history if possible.
 - c. Initiate peripheral IVs as ordered.
 - d. Catheterize/assist with catheterization of patient.
 - e. Insert a nasogastric tube if needed.
 - f. Monitor physiological status; Glasgow coma test, pupillary checks, circulation checks, urinary output.
 - g. Administer medications and blood products
 - h. Reassure anxious patient.
3. Assist and direct new nurses and corpsmen in performance of medical-surgical nursing care.
- a. Conduct classes on new procedures.
 - b. Supervise orientation of corpsmen to nursing procedures.
4. Initiate cardio-pulmonary resuscitation and other life support measures as needed.
5. Coordinate lab, x-ray and other diagnostic tests being performed on patients.
6. Give report to nurse in another hospital area to which patient is being transferred.
7. Maintain anecdotal notes on staff.
8. Locate and operate all emergency equipment on ward.
9. Assist with replenishment of supplies and repairs of equipment.

QUALIFICATIONS:

- 1. Designator 2900/2905.
- 2. Previous experience in medical-surgical nursing.
- 3. Advanced Cardiac Life Support (ACLS) certification is recommended.
- 4. Level III certification for administering parenteral fluids and blood products.
- 5. Completion of medication orientation course.

SENIOR CORPSMAN:

The Senior Corpsman is directly responsible to the charge nurse of an Acute Care Ward for the overall performance, military conduct, and appearance of corpsmen assigned to the ward.

DUTIES INCLUDE:

1. Assist the charge nurse with coordinating daily staffing, teaching, counseling, and general supervision of corps staff.
2. Orient new corpsmen to Acute Care Ward.
3. Ensure the chain of command is followed, that all staff know chain of command, and proper routing for special requests.
4. Conduct monthly staff meetings to convey information, discuss problems, and contribute to the problem solving process.
5. Monitor and maintain adequate administrative and patient care supplies. Order supplies from:
 - a. Support CSR - sterile instruments.
 - b. Medical Supply - medical supplies.
 - c. Supply - forms and administrative items.
 - d. Laundry - linens.
6. Monitor the safety and function of all equipment. Submit work request to Medical Repair and track progress on work requests.
7. Ensure staff is familiar with the procedures for fire, cardiac arrest codes, securing weapons, and general safety procedures.
8. Ensure proper disposition of contaminated instruments, equipment, and materials.
9. Make rounds to ensure staff meets patient needs and work is being completed efficiently.
10. Assist corpsmen with patient care and procedures as needed. Serves as resource to corpsmen on ward.
11. Responsible for Acute Care Ward appearance. Make cleaning assignments and ensure area is clean before watch is secured. Prepare area for inspection and accompany the Inspecting Officer.
12. Counsel corpsmen as needed about work performance including career development.

13. Maintain good interpersonal relations with other hospital departments and staff members.
14. Report to and obtain assistance from Charge Nurse as needed.
15. Ensure that all daily logs and records are completed correctly.
16. Check emergency Cardio Resuscitation Kits and Oxygen Cylinders daily.
17. Prepare and submit monthly watch bills.
18. Pass word to on coming watch.
19. Perform other duties as assigned by Charge Nurse.

QUALIFICATIONS:

1. Petty Officer (E-4 or above preferred).
2. Six months experience on Medical-Surgical Ward is required.
3. Basic Cardiac Life Support (BCLS) certification.
4. Level II certification to initiate and monitor parenteral IV Fluids.
5. Medication certification.
6. Possess knowledge of hospital policies and procedures as well as military regulations, procedures, and protocol.

STAFF CORPSMAN:

The Staff Corpsman, responsible to the Senior Corpsman on an Acute Care Ward is assigned general duty assignments.

DUTIES INCLUDE:

1. Give nursing care IAW the standards for nursing practice.
 - a. Obtain vital signs.
 - b. Monitor intake and output.
 - c. Change dressings as ordered.
 - d. Assist patient with activities of daily living as needed.
 - f. Administer medications by all routes except IV push.

- g. Reassure and support patient.
 - h. Administer oxygen therapy.
2. Perform CPR if **code is called and quickly locate** and operate emergency equipment as required.
 3. Assist in replenishment of supplies.
 4. Field day bed space when patient is discharged.
 5. Assist in orienting new staff corpsmen to area.
 6. Maintain a professional relationship at all times with staff and patients, and recognize and follow the chain of command.
 7. Transport patients to other hospital areas.
 8. Run lab specimens to laboratory module.
 9. When work is completed, report to senior corpsman for further assignment.
 10. Pass word to oncoming watch.

QUALIFICATIONS:

1. Completion of "A" school (Hospital Corps School).
2. Previous ward experience is highly recommended.
3. Basic Cardiac Life Support (BCLS) certification.
4. Level II certification to initiate and monitor parenteral IV fluids.
5. Completion of medication orientation course.

H. RESPONSE TO DEPLOYMENT HAZARDS:

1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA (S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.

- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- **A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.**
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- **Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.**
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.

4. MISCELLANEOUS ITEMS

- Each FA should denote a supply petty officer that is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

I. PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR

PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

DEFINTION: Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words "Prisoner of War" or "EPW").

STEPS:

1. Upon presentation of EPW to functional area, notify Security Department and Patient Admin.
2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.

(c) Director of Nursing.

(d) Director of Administration.

3. Perform essential life saving care.

4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).

5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.

6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.

7. Movement to another functional area will be reported to Security.

8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

RESONSIBILITY:

CMAA/Security.